

# TASC

## *Technical Assistance and Services Center*

---

### **Flex Program Hour Highlights**

**Date:** August 8, 2001

**Topic:** HIPAA

**Moderator:** Terry Hill, TASC

**Presenter:** Kelly Clarke, Baird Holm Law Firm, Omaha, NE ([www.bairdholm.com](http://www.bairdholm.com))

Terry Hill opened the Flex Program Hour by noting that readying for HIPAA compliance may be “bigger than Y2K” and will be a time- and resource-intensive project in each state, and each facility. The purpose of this Flex Program Hour is to give a broad overview of HIPAA and to determine ways the States and their rural providers can become HIPAA compliant in the least time- and resource-intensive manner.

Pat Hart indicated he will be working with RUPRI and Project HOPE on a national HIPAA survey. They are very interested in learning about state initiatives and may be contacting the State Offices of Rural Health for information.

Kelly Clarke presented a 42-page overview of HIPAA called “HIPAA Basics,” which may be downloaded at TASC’s website: [www.ruralresource.org/index.asp](http://www.ruralresource.org/index.asp).

### **Q & A Session**

**Q:** Should HIPAA wording be included in a CAH’s network agreement with the tertiary care hospital?

**A:** Yes, it might be a good idea to include it because it’s a business relationship. There is information about the “business associate agreement” on the Baird Holm web site at <http://www.bairdholm.com/issues/hipaa/pdf/Awareness.pdf>.

**TASC Note:** Additional information on business associate agreements may be found at [www.ahima.org/journal/features/feature.0011.3.html](http://www.ahima.org/journal/features/feature.0011.3.html) and [www.ahima.org/journal/features/feature.0102.1.htm](http://www.ahima.org/journal/features/feature.0102.1.htm).

**Q:** Is draft wording available?

**A:** An outline business associate agreement would have sample language. But be aware there may be state-specific language already being developed in your state.

**Q:** What is the perceived degree of awareness of health care providers about HIPAA requirements?

**A:** Hospital administrators are very aware of HIPAA basics, but are not yet educated in the details. Mr. Clarke felt rural hospitals he works with (in NE and IA) are sufficiently connected to information resources through their medical records people, trade organizations, and state organizations. And they are currently working “frantically” to develop their HIPAA processes. But he also feels physicians are hoping HIPAA will go away.

**Q:** What about CAHs using telemedicine?

**A:** Telemedicine is captured by HIPAA, so this would be the same safeguarding process.

**Q:** Mr. Clarke mentioned that a CAH and its network hospital could be counted as one entity. How would that work?

**A:** Page 41 of the presentation talks about “organized healthcare arrangements.” Terry Hill noted that using a networking approach, HIPAA expertise can be shared among hospitals, clinics, etc. and that some health networks are already doing this. Mr. Clarke indicated facilities should think about integrating for HIPAA purposes, but should be cautious about privacy issues inherent in networking.

### **State Initiatives**

Nebraska – The Nebraska Association of Hospitals and Health Systems wanted to work on HIPAA compliance collectively. They formed a Strategic National Implementation Plan (SNIP) committee that includes large insurance companies, billing companies, hospital/medical societies, individual hospitals, etc. They divided into groups that meet monthly and are doing work in between to come up with a Nebraska standard. They see HIPAA compliance as a group effort; they didn’t all want to do it alone.

According to Mr. Clarke, both Iowa and North Carolina have very active SNIPs as well. This is generally being done on a volunteer basis (95%), not vendors selling their services.

*TASC Note:* A list of Regional SNIPs and contact information may be downloaded at [http://snip.wedi.org/public/articles/Regional\\_list.pdf](http://snip.wedi.org/public/articles/Regional_list.pdf).

Due to the potentially high cost of implementing HIPAA requirements in rural facilities, and the fact that there is no agreed upon national format for compliance, States indicated it would be beneficial to share state HIPAA activities, models, and tools among themselves. Models might be tailored state-by-state for legality and then tailored hospital-to-hospital for policy reasons. It was also suggested that CAHs work with their network hospitals for HIPAA support.

---

*TASC Note:* Although an attorney provided the information above, and although we’ve attempted to record the meeting proceedings accurately, none of the above information should be taken as legal advice.